



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF United States of America		COURT CASE NUMBER 1:14CR32	
DEFENDANT Kieron James MANN		TYPE OF PROCESS Consent Order and Judgment of Forfeiture	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE		
AT	ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Thomas R. Ascik U.S. Attorney's Office 100 Otis Street, Room 233 Asheville, NC 28801		NUMBER OF PROCESS TO BE SERVED IN THIS CASE	
		NUMBER OF PARTIES TO BE SERVED IN THIS CASE	
		CHECK BOX IF SERVICE IS ON USA	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service) 5U07QR145U0004 Please confirm that the assets listed in the Consent Order and Judgment of Forfeiture are in custody.			
Signature of Attorney or other Originator requesting service on behalf of <i>Thomas R. Ascik (Bar J. Clerk)</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NO. 828-271-4661
DATE 08/20/2014			
SIGNATURE AND DATE OF PERSON ACCEPTING PROCESS			
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the total number Of process indicated	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER.
DATE			
I HEREBY CERTIFY AND RETURN THAT I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC NAMED ABOVE.			
NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE:		<input type="checkbox"/> A person of suitable age and discretion then residing In the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above)		DATE OF SERVICE	TIME OF SERVICE <input type="checkbox"/> AM <input type="checkbox"/> PM
SIGNATURE, TITLE AND TREASURY AGENCY			
REMARKS: <i>Items in custody with HST</i>			